



## INDIANA RECOVERY AGENT APPLICATION

Please **type or use clearly legible printed writing**. Illegible applications will be returned. You must answer all questions fully and the affidavit must be properly notarized. Failure to follow instructions will result in the application's return to applicant. Please attach a sheet for additional information when necessary.

**All applications must include:**

- (1) A recent digital full face photograph and your signature on the specimen sheet to be included on your license. If you prefer, pictures can be taken and license issued in our office **by appointment only**.
- (2) Certified fingerprint card from local law enforcement.
- (3) Recent Credit Bureau Report (can be obtained free) at: **[www.annualcreditreport.com](http://www.annualcreditreport.com)**
- (4) Criminal History Check completed by Indiana State Police.
- (5) Photo copies of other Professional Licenses that you hold.
- (6) Application fee of **\$300.00** (check or money order).
- (7) Completion Certificate for twelve (12) credit hours of Pre-Licensing Education (PLE).

### ***We Do Not Accept Cash or Credit Cards***

Upon receipt of the application materials, you will receive a **CERTIFICATE OF TESTING ELIGIBILITY** from this office which will entitle you to take the bail agent examination. Information regarding test sites and phone number will be included. There is a One Hundred Dollar (\$100.00) examination fee, **to be paid at the time of registration on Website**. Do not send this fee with your application. The examination is given by a vendor. Once you receive your testing certificate an informational sheet will be provided to you on how to schedule an examination and how to pay the examination fee. Please note that incorrect or misleading information on this application may result in a denial or other administrative action! Please call this office at **317-232-5249** if you have any question regarding this application. Be sure to visit our website **[www.in.gov/idoi](http://www.in.gov/idoi)** for forms, updates and additional information.

## INDIANA RECOVERY AGENT APPLICATION

NAME OF APPLICANT \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

COUNTY \_\_\_\_\_

PREVIOUS ADDRESS (FOR PAST 5 YEARS) \_\_\_\_\_

\_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

PRINCIPAL ADDRESS WHERE YOU INTEND TO CONDUCT BUSINESS \_\_\_\_\_

\_\_\_\_\_

HOW LONG HAVE YOU BEEN A RESIDENT OF INDIANA \_\_\_\_\_

ARE YOU A CITIZEN OF THE UNITED STATES      YES \_\_\_\_\_ NO \_\_\_\_\_

EYE COLOR \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

CURRENT OCCUPATION \_\_\_\_\_

**ANSWER THE FOLLOWING QUESTIONS FULLY****Yes****No**

1	Are you aware of any complaints against you currently pending before any public authority, including a law enforcement agency and Bureau of Motor Vehicles?		
2	Has any disciplinary action been taken against you by any public authority (law enforcement agency, Bureau of Motor Vehicles, etc.)?		
3	Have you ever been convicted of a felony?		
4	Have you ever been convicted of a misdemeanor involving dishonesty, violence or a deadly weapon?		
5	Are you a jailer, law enforcement officer, or do you have any custody or control over prisoners?		
6	Have you ever had a Bail, Recovery or other Insurance license suspended or revoked by this or another State?		
7	Do you have any outstanding State or Federal tax liens or warrants?		
8	Do you currently have any outstanding judgments for unpaid child support?		

**NOTE**

If you answered YES to any of the above, give a detailed explanation on an attached sheet.

**AFFIRMATION**

I AFFIRM, UNDER THE PENALTIES OF PERJURY AND THOSE PENALTIES SET OUT IN THE INDIANA CODE, TITLE 27, CHAPTER 10, THAT THE FORGOING ANSWERS AND INFORMATION ARE TRUE AND ACCURATE.

SIGNATURE OF APPLICANT:

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DATE: 

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Sworn and subscribed before me this 

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 Day of 

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 , 

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 .My Commission Expires 

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 Notary Public 

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County of Residence 

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 Printed Name 

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Attach a small digital photo or email one to: **lreynolds@idoi.in.gov**

**HERE-----→**

Your signature (**PLEASE USE BLACK SHARPIE PEN**)

**HERE-----→**

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number \_\_\_\_\_